REQUEST FOR QUOTATIONS *(THIS IS NOT AN ORDER)*	THIS RFQ [ ] IS [] IS NOT A SMALL BUSINESS- SMALL PURCHASE SET-ASIDE (52.219-4)	PAGE OF PAGES 1 / 1

1. REQUEST NO. **SPMO70-06-Q-0060**	2. DATE ISSUED **09/11/06**	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING

5a. ISSUED BY
Michael Aguilera, Contracting Officer

6. DELIVER BY *(Date)*

5b. FOR INFORMATION CALL: *(No collect calls)*		7. DELIVERY

NAME **Maria Lucia Ameglio** **Fax No. (507) 207-7141**	TELEPHONE NUMBER	
	AREA CODE **507**	NUMBER **207-7179**

7. DELIVERY
☑ FOB DESTINATION   OTHER
(See Schedule)

8. TO:

9. DESTINATION

a. NAME OF CONSIGNEE
US Embassy Panama

a. NAME	b. COMPANY	b. STREET ADDRESS **Clayton Bldg. 520, Demetrio Basilio Lakas**

c. STREET ADDRESS	c. CITY **Panama**

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS *(Date)*	**IMPORTANT:** This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.

11. SCHEDULE

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	Purchase of two copiers & one fax machine				
001	Copier machine	1	EA		
002	Copier machine	1	EA		
003	Laser fax	1	EA		
	See attached page of detail requirements.				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
				NUMBER %

NOTE: Additional provisions and representations   are   are not attached.

13. NAME AND ADDRESS OF QUOTER	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATIION
a. NAME OF QUOTER		

b. STREET ADDRESS	16. SIGNER

c. COUNTY	a. NAME (Type or print)	b. TELEPHONE

d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	AREA CODE
				NUMBER

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